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II. LEBANON

(Visited 1 - 15 December 1952)

1. The total area of Le .non is about 4,300 square miles, the population being estimated in 1940 at one and-a quarter million, of whom a high proportion live in the principal towns. For many years there has been considerable migration to foreign countries, and it is said that as many Lebanese live abroad as are to be found in their native land.

2. Lebanon is mainly a fruit-growing agricultural country, but pipelines from Middle East oil fields are being laid across the country to connect with newly constructed installations and harbours on the coast. In due course this development may influence the economy of the country.

3. Great hopes of agricultural expansion - to be accompanied, it is claimed, by schemes of rural community developments - are based upon the Litani Dam and irrigation project. At the time of our visit this project was under discussion between the Government and the United States Technical Cooperation Administration (Point IV), but matters had not advanced sufficiently to justify our attempting to follow in detail the intentions with regard to community welfare centres.

4. The agency of the Lebanese Government responsible for social affairs has only recently (1951) been raised to the status of Ministry. Until rec .ently, there had been a change of government and the new Minister of Social A .airs also held two other portfolios. The Director-General of the Department whom we met had not been continuously in office over the past years. No reply had been returned by the relevant Department to the Secretary-General's request (at the end of 1951) for information on community welfare centres. Background information was difficult to obtain. A decree which would have permitted the provision of multi-purpose community centres and enabled government support to be given in cash or by way of services, had been promulgated in 1951 (Appendix I). The decree had not, however, been put into operation. The initiative in instituting or developing such multi-purpose activities as we had the opportunity of seeing at Chtaura, Anjar and Jibrail had come mainly from voluntary agencies.

5. We visited the Chtaura Demonstration Centre and Anjar project on the 4th and 12th of December. The purpose of the original centre was to provide for Armenian refugees from World War I and in the earlier stages both the Near East Foundation and the Stewart Herzegovinian Commemorative Corporation shared responsibilities for financing and management of settlements in this area. More recently, the Near East Foundation decided to concentrate on activities in Syria and Greece and brought its work at Chtaura to a close. Mr. Feldmahn of the Near East Foundation, who had had a long experience between the wars in community organization in Bulgaria before coming to Chtaura, then transferred to the Herzegovinian Corporation. With his wife, he now supervises the various activities in a group of villages located in the Bekaa Valley between Beirut and Damascus. These activities include control of malaria, recreational programmes, organization of marketing, provision of seedlings and plants, poultry breeding, milk co-operatives and educational projects.

6. At the time of our visit an illustrated lecture by an American veterinary expert (Point IV) was in progress. The co-operative milk marketing scheme appeared to be successful and to make a useful contribution to the milk supply of Beirut. The housing provided for the settlers and the general appearance of the village at Anjar were satisfactory. That of the Arab village of Medjel-Anjar some distance away was less so. In a former disused school house there was a primitive maternity and child

in the form of cheese, buttermilk and *laban*, the last a fermented product made from cow's milk. Fresh milk is rarely used, however, except in limited sections in the larger cities. In the rural districts, milk is obtained chiefly from sheep and goats, less frequently from cows. Legumes, potatoes, onions and other vegetables are widely cultivated. Green, leafy varieties are scarce in the inland districts, but wild herbs are often utilized as substitutes. Many types of fruits are abundant, especially in the coastal valleys. They form important supplementary items of diet when in season.

Much of the meat is imported from Syria or Turkey, but relatively little reaches the people outside the larger towns. The average villager seldom consumes meat more than once a week. Mutton and, secondarily, beef are used most extensively. Both are employed, in a cooked or a raw state, in *kubi*, a national dish prepared from meat and *burghul*. Goat meat is found everywhere, while pork is available in the Christian communities. Poultry and eggs are plentiful in most localities and fish in the coastal region. Olive oil and butter are the primary sources of fats.

In spite of the generally satisfactory level of nutrition, a definite decrease in the consumption of protective foods is apparent in the inland districts and in South Lebanon. In 1950, the Lebanese government appointed a Nutrition Committee to promote a better understanding of the elementary principles of nutrition among the people. The different religious customs of the Moslem and the Christian communities influence their nutritional habits and limit the application of mass educational measures.

Housing

Lebanon has a large so-called middle class, and the disparity between the living conditions of the rich and the poor is less pronounced than in most of the neighboring countries. Moreover, many families maintain financial and social contacts with

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organization in Beirut and of the government authorities in other parts of the country. Shops dispensing foods are required to have a permit, but the enforcement of sanitary regulations is lax in many towns and villages. Although the law provides for the registration of food handlers at 3-month intervals, the routine examinations are often cursory and of little value. The establishments are inspected from time to time, not only by the health officers, but also by agents of the Lebanese tourist department.

Most animals are inspected, before and after slaughter, by veterinary officers in the municipal abattoirs in Beirut and the principal cities. There is no regular supervision, however, of the meat supplies in the rural areas. A large percentage of the meat used in Lebanon is imported from Syria or Turkey, and is not subject to routine inspection locally.

There are two small pasteurization plants in Beirut which process limited amounts of milk, butter and cheese. Although the plants are supervised by the municipal authorities, no control is exercised over the sanitary quality of the raw product. Pasteurized milk is bottled; all other milk is sold in bulk. Milk is customarily boiled before use in each household, but butter and cheese are potential sources of human infection. Brucellosis is enzootic among the cattle and the goats. The extent of bovine tuberculosis is not known.

HEALTH SERVICES AND MEDICAL FACILITIES

Health Organization

The public health organization which had evolved before Lebanon became an independent republic in 194 was reorganized in 1951, and its responsibilities were defined by law. At that time, its name was changed from that of Ministry of Hygiene and Public Assistance to the Ministry of Public Health. The Ministry, which has its headquarters in Beirut, is administered by a Minister of Public Health who is assisted

1934-35, infection was detected in 22 per cent of 1,156 sheep and goats examined and in 45 per cent of 201 cattle.[48] The degree of infection varies, as shown by the subsequent investigation in 1943,[49] in which cysts were found in 7 to 12 per cent of 2,600 sheep carcasses examined, in 47 per cent of 324 cattle and in 67 per cent of 24 camels. The presence of a greater preponderance of cysts with viable scolices in the sheep carcasses, coupled with the fact that mutton is used more extensively than beef, suggests that sheep represent the chief reservoir of infection. Infection with the liver flukes, *Dicrocoelium dendriticum* and *Fasciola hepatica*, is frequent among the sheep and other domestic animals, and cases are seen occasionally in man.

Brucellosis. Brucellosis is enzootic among the cows and the goats. Little raw milk is used, but sporadic human cases result from contact with infected animals or from the consumption of contaminated cheese and butter. In an investigation conducted in the bacteriologic laboratory of the American University hospital in 1940,[50] agglutination tests were performed on 1,370 samples of whey from the milk of animals in localities where the existence of the human disease was suspected. A positive agglutination reaction was obtained in 17 per cent of the samples of milk collected from 336 cows in Beirut and in 22 per cent from 312 cows in Mashghara, a village in the Mount Lebanon area. Similarly, positive reactions were observed in 11 per cent of the milk samples from 330 goats in Beirut, in 26 per cent from 82 goats in Tripoli and in 16 per cent from 190 goats in Lakhesh, in the mountains between Beirut and Tripoli. Four strains of *Brucella abortus* and 6 of *Br. melitensis* were isolated from the milk samples; 3 each from the cows in Beirut and Mashghara and from the goats in Beirut, Tripoli and Lakhesh. Evidence of persistent human infection was indicated by the results in a series of agglutination tests on blood serums from 640 patients registered in the hospital and the clinics of the

American University in Beirut. Almost 4 per cent gave a positive reaction with *Br. abortus* and *Br. melitensis*. Sporadic cases of infection with *Br. suis*, as well as with *Br. abortus* and *Br. melitensis*, are diagnosed in the course of routine serologic examinations in the Institute de Bactériologie of the Faculté Française de Médecine.

Other Infections. Food poisoning caused by the consumption of cheese and other foods contaminated with toxic strains of Staphylococcus is common.

Diseases Spread Chiefly Through the Respiratory Tract

Tuberculosis. Tuberculosis is prevalent, but the extent of infection is not accurately known. In the 4 years 1945-48, the reported deaths from tuberculosis averaged 234 a year, or roughly 31 per 100,000 population. The validity of such mortality statistics is questionable, however, due to the deficiencies in reporting and the tendency to conceal the presence of infection.

Several tuberculin test surveys have been made on small selected groups of the population, but with considerable variation in results. In 1949, the first representative survey was undertaken in Beirut and the surrounding suburbs by the Ministry of Public Health, in co-operation with the United Nations International Children's Emergency Fund and associated organizations. From October, 1949, to the middle of March, 1950, tuberculin tests were performed on a voluntary basis on about 45,000 individuals of all ages, 29,000 of whom were subsequently inoculated with BCG vaccine. The proportion of persons giving a positive reaction to tuberculin was estimated at 14 to 21 per cent. Among the schoolchildren, who comprised the largest group, the reaction rate averaged 1 per cent at 4 years of age and 17 per cent at 10 years of age. A comparable series, made up of the persons attending a testing center in one of the poorer districts of Beirut, showed 7 per cent positive reactions among children 4 years of age and 36 per cent at 10 years of age.

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